Special Education Needs: Disorder And Disability in India in The Light of National Education Policy 2020

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Abstract:

India's first education policy of the twenty-first century is the National Education Policy 2020. The policy has been structured with the objectives of addressingand ensuring lots of developmental imperatives in our country.It has opened a new vista to guide the minds of people for developing the level of reason and logic. It has fixated on almost all of the targets and goals of the 2030 Agenda for sustainable development. The NEP 2020 has pinpointed to provide quality education system for all students with particular focus on historically marginalised, disadvantaged and underrepresented groups. The Policy has also endeavoured to pave the all-possible ways for educating the children with disabilities as equal to any other child and also in consonance with the RPWD Act, 2016. For the children with disabilities to introduce an effective system of education, that is to say, special education is crying need and it has had its due place in the NEP-2020.Special education is an important part of society's response to the needs of exceptional children and the rights of individuals with disabilities—a response brought about by parent advocacy, litigation, legislation, and, increasingly, self-advocacy by people with disabilities. It is a profession with its own history, cultural practices, tools, and research base focused on the learning needs of exceptional children and adults. But at the level where exceptional children most meaningfully and frequently contact it, special education is individually planned, specialized, intensive, goal-directed instruction. When practiced most effectively and ethically, special education is also characterized by the use of evidence-based teaching methods, the application of which is guided by direct and frequent measures of student   performance. To perceive what lies at the root of a 'learning difficulty' in school is somewhat intricate. Over the years, different social or psychological understandings have given rise to different deliberations. Research confirms that strategies recommended for particular special educational needs are useful for most students.

Keywords: Exceptional children, disability, special education, collaboration, ECCE, etc.

Aims and Objectives: The study has been undertaken with the following aims and objectives:
1. To identify the categories of disability categories recognised by federal government of India.
2. To envision the context of special education as enshrined in the NEP-2020.
3. To give an outline that the goals of NEP-2020 in the field of special educationare to be accomplished.

Research Questions: The following research questions have been penned for the present study:
1. 1.What are the categories of disability recognised by federal government of India.
2. 2.What is context of special education as enshrined in the NEP-2020?
3. In what way is NEP-2020 helpful in the field of special education?

Methodology: For any study, to review of past literatures as well as the existing ones is *sine-quo-non*, irrespective of whether the study is based on primary or secondary sources. It makes a bridge between the past literature and the present literature or between the present and future literatures.It hints the ways to be followed to collect data which in turn are processed to obtain necessary and relevant information. The present study is not an exception to it. To complete the present study, data have been collected basically from secondary sources and the items of information obtained havebeen internalised and interpreted with both cognition and intuition for arriving at conclusion. Finally, the research being qualitative in nature wants to understand the real context of disabilities which create hindrances in the process of learning.

Interpretation and Analysis

Proem of Theoretical Framework of Disability and Special Education: In schools, the expression 'special educational needs and disability' has a long history. It is used in relation to students' learning. We might ask ourselves whether the frame of reference we use to judge the learning and behaviour of children identified as having 'special educational needs and/or a disability' enables us to understand these children in the same way as others.A disability exists when an impairment limits a person's ability to perform certain tasks. A person with a disability is not handicapped, however, unless the disability leads to educational, personal, social, vocational, or other problems. For example, if a child who has lost a leg learns to use a prosthetic limb and functions in and out of school without problems, she is not handicapped, at least in terms of her functioning in the physical environment. A proem of the views of disabilities are as follows:

- **Jacob Rodrigues Pereire (1715– 1780):** He introduced the idea that persons who were deaf could be taught to communicate. The credit for developing an early form of sign language goes to him. Pereire provided inspiration and encouragement for the work of Itard and Seguin.
- **Philippe Pinel (1745–1826):** A reform-minded French physician who was concerned with the humanitarian treatment of individuals with mental illness. He advocated releasing institutionalized patients from their chains and pioneered the field of occupational therapy.
- **Jean-Marc GaspardItard (1774–1838):**A French doctor who secured lasting fame because of his systematicefforts to educate an adolescent thought to have a severe intellectualdisability. He recognized the importance of sensory stimulation.
- **ThomasHopkins Gallaudet (1787–1851):** He taught children with hearing impairments to communicate througha system of manual signs and symbols. He established the first institutionfor individuals with hearing impairments in the United States.
- **SamuelGridleyHowe (1801):** An American physician and educator accorded international famebecause of his success in teaching individuals with visual and hearingimpairments. He founded the first residential facility for individuals whoare blind and was instrumental in inaugurating institutional care for children with intellectual disability.

- **DorotheaLynde Dix (1802–1887):** A contemporary of Howe, Dix was one of the first Americans tochampion better and more humane treatment of individuals who arementally ill. He paved the way for the establishment of several institutions forindividuals with mental disorders.

- **LouisBraille(1809–1852):**A French educator, himself blind, who developed a tactile system ofreading and writing for people who were blind. His system, based ona cell of six embossed dots, is still used today. This standardized codeis known as Unified English Braille.

- **EdouardSeguin(1812–1880):**A pupil of Itard, Seguin was a French physician responsible fordeveloping teaching methods for children with intellectual disability.His training emphasized sensorimotor activities. After immigrating tothe United States, he helped to found an organization that was theforerunner of the American Association on Intellectual andDevelopmental Disabilities.

- **FrancisGalton(1822–1911):**A scientist concerned with individual differences. As a result ofstudying eminent persons, he believed that genius is solely the resultof heredity. Those with superior abilities are born, not made.

- **AlexanderGrahamBell(1847–1922):**A pioneering advocate of educating children with disabilities in publicschools. As a teacher of students with hearing impairments, Bellpromoted the use of residual hearing and developing the speakingskills of students who are deaf.

- **AlfredBinet(1857–1911):**A French psychologist who constructed the first standardizeddevelopmental assessment scale capable of quantifying intelligence.The original purpose of this test was to identify students who mightprofit from a special education and not to classify individuals on thebasis of ability. Binet also originated the concept of mental age withhis student Theodore Simon.

- **Maria Montessori(1870–1952):**She achieved worldwide recognition for her pioneering work with youngchildren and youngsters with intellectual disability. First female toearn a medical degree in Italy. Expert in early childhood education.Demonstrated that children are capable of learning at a very early agewhen surrounded with manipulative materials in a rich andstimulating environment. Believed that children learn best by directsensory experience.

- **Lewis Terman (1877–1956):** An American educator and psychologist who revised Binet's original assessment instrument. The result was the publication of the Stanford-Binet Intelligence Scales in 1916. Terman developed the notion of intelligence quotient, or IQ. Also famous for lifelong study of gifted individuals. He is considered the grandfather of gifted education.

From the discourse highlighted above, it is obvious that both disorder and disability are acute problems for many a child for too many countries in the world. India is not an exception to it. It has been found that there are several children who have been and are being deprived of their basic education due to having disorder and disability in one form or the other. It is in this backdrop, the study has taken a noble and novel attempt to highlight various aspects of disorders as well as disorders and thereafter, suggest some measurable steps to reduce these for ensuring the aim called ' universalisation of education.'

NEP- 2020 on Special Education and Disability: The National Education Policy 2020 has pinpointed the following in to ensure the learning of children with disabilities—

- To recognise the importance of creating enabling mechanisms for providing children with Special Needs or Divyang, the same opportunity of obtaining quality education as any other children.
- To ensure the inclusion and equal participation of children with Disabilities in ECCE (Early Childhood Care and Education).

- To enable children with disabilities so as to participate in the regular schooling process from the foundational stage to higher education.
- To ensure the implementation of the provisions of the 'Rights of Persons with Disabilities (RPWD) Act 2016 with regard to the school education.
- To ensure barrier free access for all children with disabilities as per the RPWD Act.
- To endure whether school complexes provide resources for the integration of children with disabilities, recruitment of special educators with cross-disability training and for the establishment of resource centres especially for children with severe or multiple disabilities.
- To ensure home-based education for children with severe and profound disabilities who are incapable of going to school. The children under home-based education must be treated as equal to any other child in the general system, etc.

Exceptional Children and Disabilities/ Disorders/ Impairments: Exceptional Children deviate from the norm to such an extent that special educational services are required. On the other hand, disability isan inability or incapacity to perform a task or activity in a normative fashion.Handicap means difficulties imposed by the environment on a person with a disability. A special education is appropriate only when a pupil's needs are such that he or she cannot be accommodated in a general education program. Simply stated, a special education is a customized instructional program designed to meet the unique needs of an individual learner. It may necessitate the use of specialized materials, equipment, services, and/or teaching strategies. Most learning disabilities are lifelong. Compared with children who do not have a learning disability, children with a learning disability are more likely to show poor academic performance, high dropout rates, and poor employment and postsecondary education records. Children with a learning disability who are taught in the regular classroom without extensive support rarely achieve the level of competence of children without a disability, even those who are low achieving.

1. **Dyslexia:** 'Dyslexia' is a psychological explanation of difficulties in learning. The information-processing system of 'dyslexic' individuals is seen as different from that of non-dyslexics in ways which have an impact on a number of areas of performance. Pumfrey (1996) describes dyslexia as a 'variable syndrome', implying that definitions of dyslexia may vary and be interpreted in different ways. Among children with a learning disability, 80 percent have trouble with reading. Such children have difficulty with phonological skills, which involve being able to understand how sounds and letters match up to make words, and also can have problems in comprehension.
2. **Dysgraphia:** Dysgraphia is a learning disability that involves difficulty in handwriting Children with dysgraphia may write very slowly, their writing products may be virtually illegible, and they may make numerous spelling errors because of their inability to match up sounds and letters (Berninger & others, 2015).
3. **Dyscalculia:** Dyscalculia, also known as developmental arithmetic disorder, is a learning disability that involves difficulty in math computation (Kucian& von Aster, 2015; Rapin, 2016).
4. **Attention deficit hyperactivity disorder** (ADHD): It is a disability in which children consistently show one or more of these characteristics over a period of time: (i) inattention, (ii) hyperactivity, and (iii) impulsivity. For an ADHD diagnosis, onset of these characteristics early in childhood is required, and the characteristics must be debilitating for the child.

5. **Down syndrome:** The most commonly identified form of intellectual disability is Down syndrome, which is genetically transmitted. Children with Down syndrome have 47 chromosomes instead of 46. They have a round face, a flattened skull, an extra fold of skin over the eyelids, a protruding tongue, short limbs, and motor and mental disabilities. Down syndrome appears in about 1 in every 700 live births. Children with Down syndrome can fall into the mild to severe categories of intellectual disability.

6. **Orthopaedic Impairments:** Orthopaedic impairments involve restricted movement or lack of control over movement due to muscle, bone, or joint problems. The severity of problems ranges widely. Orthopaedic impairments can be caused by prenatal or perinatal problems, or they can be due to disease or accident during the childhood years. With the help of adaptive devices and medical technology, many children with orthopaedic impairments function well in the classroom.

7. **Cerebral palsy:** It is a disorder that involves a lack of muscular coordination, shaking, or unclear speech. The most common cause of cerebral palsy is lack of oxygen at birth. Special computers especially can help children with cerebral palsy to learn.

8. **Seizure Disorders:** The most common seizure disorder is epilepsy, a neurological disorder characterized by recurring sensorimotor attacks or movement convulsions (Berg & others, 2014). Children who experience seizures are usually treated with one or more anticonvulsant medications, which often are effective in reducing the seizures but do not always eliminate them.

9. **Visual Impairments:** A small portion of students (about 1 in every 1,000 students) have very serious visual problems and are classified as visually impaired. This includes students who have low vision and students who are blind. Children with low vision have a visual acuity of between 20/70 and 20/200 (on the familiar Snellen scale, in which 20/20 vision is normal) with corrective lenses. Children with low vision can read large-print books or regular books with the aid of a magnifying glass. Children who are educationally blind cannot use their vision in learning and must rely on their hearing and touch to learn. Approximately 1 in every 3,000 children is educationally blind. Many children who are educationally blind have normal intelligence and function very well academically with appropriate supports and learning aids. 3-D printing provides an important technology support for students with visual impairments. Also, haptic devices (involving the sense of touch) have been found to increase the learning and exploration of students with a visual impairment.

10. **Hearing Impairments:** A hearing impairment can make learning very difficult for children. Children who are born deaf or experience a significant hearing loss in the first several years of life usually do not develop normal speech and language. You also might have some children in your class who have hearing impairments that have not yet been detected. If you have students who turn one ear toward a speaker, frequently ask to have something repeated, don't follow directions, or frequently complain of earaches, colds, and allergies, consider having the student's hearing evaluated by a specialist, such as an audiologist.

11. **Articulation Disorders:** Articulation disorders are problems in pronouncing sounds correctly. A child's articulation at 6 or 7 years is still not always error-free, but it should be by age 8. A child with an articulation problem might find communicating with peers and the teacher difficult or embarrassing. As a result, the child might avoid asking questions, participating in discussions, or communicating with peers. Articulation problems can usually be improved or resolved with speech therapy, though the process might take months or years.

12. **Voice Disorders:** Voice disorders are reflected in speech that is hoarse, harsh, too loud, too high-pitched, or too low-pitched. Children with cleft palate often have a voice disorder that makes their speech difficult to understand. If a child speaks in a way that is consistently difficult to understand, refer the child to a speech therapist.

13. **Fluency Disorders:** Fluency disorders often involve what is commonly called 'stuttering.' Stuttering occurs when a child's speech has a spasmodic hesitation, prolongation, or repetition. The anxiety many children feel because they stutter often just makes their stuttering worse. Speech therapy is recommended (Bernthal, Bankson, and Flipsen, 2017).

14. **Language Disorders:** Language disorders include a significant impairment in a child's receptive or expressive language. Receptive language involves the reception and understanding of language. Expressive language involves using language for expressing one's thoughts and communicating with others.

15. **Specific language impairment** (SLI): Involves problems in language development that are not accompanied by other obvious physical, sensory, or emotional problems; in some cases, the disorder is called developmental language disorder.

16. **Autism spectrum disorders** (ASD): Also called pervasive developmental disorders, they range from the severe disorder labelled autistic disorder to the milder disorder called Asperger syndrome. Children with these disorders are characterized by problems in social interaction, verbal and nonverbal communication, and repetitive behaviours.

17. **Autistic disorder**: A severe developmental autism spectrum disorder that has its onset in the first three years of life and includes deficiencies in social relationships, abnormalities in communication, and restricted, repetitive, and stereotyped patterns of behaviour.

18. **Asperger syndrome**: A relatively mild autism spectrum disorder in which the child has relatively good verbal language, milder nonverbal language problems, a restricted range of interests and relationships, and often engages in repetitive routines.

Strategies for Working with Children having Disabilities: There is no golden formula for addressing the special learning needs of all students who experience difficulties in schools. There are some general principles, however. Every student is different and every situation is different. Addressing difficulties is a question of problem-solving. Firstly, find out about the learner and the difficulties s/he experiences. Then think about the requirements of the particular curriculum area and barriers to learning in the classroom environment and in the particular curriculum area. Finally, reflect on and implement what will best address those barriers to help the learner achieve in the classroom. The following steps may be useful in this regard:

1. Take the needs of the child with a learning disability into account during instructional time. Clearly state the objective of each lesson. Present it visually on the board or with an overhead projector as well. Be sure directions are explicit. Explain them orally. Use concrete examples to illustrate abstract concepts.

2. Provide accommodations for testing and assignments. This refers to changing the academic environment so that these children can demonstrate what they know. An accommodation usually does not involve altering the amount of learning the child has to demonstrate. Common accommodations include reading instructions aloud to children, highlighting important words,using/giving untimed tests, and providing extra time on assignments.

3. Make modifications. This strategy changes the work itself, making it different from other children's work in an effort to encourage children's confidence and success. Asking a child with dyslexia to give an oral report while other children give written reports is an example of a modification.

4. Improve organizational and study skills. Many children with learning disabilities do not have good organizational skills. Teachers and parents can encourage them to keep long-term and short-term calendars and create *'to-do'* lists each day. Projects should be broken down into their elements, with steps and due dates for each part.

5. Work with reading and writing skills. As indicated earlier, the most common type of learning disability involves reading problems. Children with a reading problem often read Slowly, so give them more advance notice of outside reading assignments and more time for in-class reading. Many children with a learning disability that involves writing deficits find that using a computer helps them compose their writing projects more quickly and competently, so make sure to provide them the opportunity to use a computer for their assignments. In Through the Eyes of Teachers,you can read about the unique strategy a second-grade teacher created for working with children who have a learning disability.

6. Challenge children with a learning disability to become independent and reach their full potential. It is important not only to provide support and services for children with a learning disability but also to guide them toward becoming responsible and independent. Teachers need to challenge children with a learning disability to become all they can be. We will have more to say about the importance of challenging children with disabilities to reach their potential later in this chapter.

7. Become familiar with applications for mobile devices that offer strategies for children with a learning disability, and recommend these to the children's parents.

8. Help children who have an intellectual disability to practice making personal choices and to engage in self-determination when possible.

9. Always keep in mind the child's level of mental functioning. Children who have an intellectual disability will be at a considerably lower level of mental functioning than most other students in your class. If you start at one level of instruction and the child is not responding effectively, move to a lower level.

10. To have positive expectations for the child's learning is must. It is easy to fall into the trap of thinking that a child with an intellectual disability cannot achieve academically. Set a goal to maximize his or her learning.

11. Use teacher aides and recruit volunteers such as sensitive retirees to help you educate children with an intellectual disability. They can assist you in increasing the amount of one-on-one instruction the child receives.

12. Co-teaching—a general education teacher and special education teacher planning and delivering instruction together in an inclusive classroom—has become increasingly common. Co-teaching takes many different forms depending on the purpose of the lesson, the individualized objectives and needed supports for students with disabilities, and the teachers' relative levels of expertise with the content. Five co-teaching formats are commonly used:

- **One Teach, One Support:** Both individuals are present, but one teacher takes the instructional lead while the other provides support and assistance to the students. It is important that one professional (usually the special educator) is not always expected to function as the assistant; rotating roles can help alleviate this potential problem.

- **Parallel teaching:** When it is necessary to lower the student–teacher ratio, both teachers teach the same materials to two equal-sized groups of students. Instruction is planned jointly but is delivered by each teacher to half of a heterogeneous group of learners.

- **Station teaching:** When teaching material that is difficult but not sequential, both teachers present different content at the same time to two equal groups of students and then switch groups and repeat the lesson.

- **Alternative teaching:** When teachers need to individualize instruction, remediate skills, promote mastery, or offer enrichment, one teacher works with a smaller group or individual students while the other teacher works with the rest of the class.

- **One Teach, One Observe:** In this version of cooperative teaching, one teacher presents the instruction to the entire class while the second educator circulates, gathering information (data) on a specific pupil, a small group of students, or targeted behaviours across the whole class such as productive use of free time. Although this model requires a minimal amount of joint planning, it is very important that teachers periodically exchange roles to avoid one professional being perceived as the "assistant teacher."

13. Scaffolding Learning is very helpful for teaching special children:Scaffolding is a teaching strategy. This has been developed from a socio-cultural view is that of 'scaffolding' to support learning. This technique is especially applicable to students with intellectual disability, who are often characterized as 'inactive' or 'passive' learners. The aim of this approach is to help pupils become independent, proficient problem solvers. Scaffolding is a cognitive approach to instruction. In this teacher-directed strategy, various forms of support are provided to students as they initially engage in learning a new task or skill. As the student becomes increasingly competent, the supports or "scaffolds" are gradually removed.Rogoff (1990) identifies six elements in scaffolding learning.

(i)   Engage the learners' interest in the task,

(ii) Demonstrate how to do it,

(iii) Reduce the number of steps needed for the task so learners can recognise their own progress.

(iv) Control frustration and offer feedback so that learners can see their own progress.

(v)   Finally, find a way to motivate the learners so they continue with the task.

Conclusion:

Being the largest democratic country of the world, India has always been the ardent supporter and champion of the concept what is called 'Justice'. It is hardly exaggeration to say that India believes in procedural justice for achieving the goals of distributive justice. Hence, procedural justice precedes distributive justice in India. The ideals of justice—socio-economic and politico— has been enshrined in the Preamble, Part-III and Part-IV of the Constitution. Part III under Article 21(A) stands for 'free and compulsory education' for all children in the age group of 6-14. Part IV under Article 45 denotes 'early childhood care and education' for every child since birth till the age of 6. Several legislations have been enacted so far in this regard. These legislations made educational provisions for all children including children with disabilities. Apart from these, Persons with Disabilities Act,1995; National Trust for Welfare with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 and RPWD Act,2016 made special provisions for children with disabilities. In 2020, the New Education Policy under the Prime Ministership of Narendra Modi underlies an inclusive, participatory and holistic approach to materialise the constitutional provisions and SDGs across the country in a wider way. It is a

progressive shift towards a more scientific approach to education. The 2020 Policy has been expected to cater the ability of the child – stages of cognitive development as well as social and physical awareness. Should the Policy be implemented in its true vision, the mantra 'no child left behind' will be realised. This new structure may bring India at par with the leading countries of the world. Finally, the Policy has aimed at curing mental diseases of Indian society resulting in the spread of true education for both mental development and social development.The more the education for all spreads, the more the country will prosper. Any given society can be compared to a chain consisting of several links. If a single link of any chain is weak or weaker, then the chain itself is hardly called the strongest one, even if all other links of the chain are much too strong. Likewise, if any child of any given society lags behind of educational opportunity, then the entire society will suffer, even if all other children of that society are educated enough. Here, lies the significance of education of children with disabilities. Having considered this backdrop, it goes without saying that the NEP 2020 has made a yeoman's service by incorporating special provisions for special education with the objectives of providing the children with disability with proper education.

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